FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21902
Do not use this space.

1. PLACE OF DEATH
(a) County Iron 3 Registration District No. 391
(b) Township Arcadia Primary Registration District No. 5546 a Registered No. 42
(c) City 0 (d) Street No. The House for Aged Baptist St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Jennie R. Morris 620
(a) Residence, No. The Home for Aged Baptists Ironton, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David W. Morris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-6-1869
7. AGE Years 71 Months 2 Days 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Indiana

FATHER
13. NAME Josephus Goodnight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

MOTHER
15. MAIDEN NAME Harriett Wilgus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

17. INFORMANT (ADDRESS) Mrs H. Burney Ironton, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Arcadia Mo. DATE 6-2 1940
19. FUNERAL DIRECTOR (ADDRESS) House Cem Homer Wolfe & Son Ironton Mo.
20. FILED June 14, 1940 Julia A. Gaston Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1940
22. I HEREBY CERTIFY That I attended deceased from May 15th, 1940, to June 1st, 1940, I last saw or alive on June 1st, 1940. Death is said to have occurred on the date stated above, at 12 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Bronchopneumonia	5/28/40
50	

Other contributory causes of importance:
acute naso-pharyngitis 5/15/40
carcinoma of Right Breast ?
(Inoperable)

Name of operation Date of
What test confirmed diagnosis? Terminal Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. E. Harland, M. D.
969 (Address) Ironton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)